FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Koneru Mythili (Last) (First) (Middle) C/O MARKER THERAPEUTICS, INC. | | | | | Issuer Name and Ticker or Trading Symbol Marker Therapeutics, Inc. [MRKR] Jate of Earliest Transaction (Month/Day/Year) 03/10/2020 | | | | | | | (Ch | S. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer | | | |
|--|---|--|----------------------------|----|---|--------------|------|--|---------------------------|--------------|--|---|--|--|--|---|
| 3200 SO (Street) HOUST((City) | ON T | itate) | 77027 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | 2A. Deemed Execution Date, | | 3. Transact Code (In 8) | ion Dis | 1000 | | ed (A) or tr. 3, 4 and | 5. Amount of | | 5. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Da | Co | nsaction de (Instr | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | and | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | Derivative Security | Securities Beneficially Owned Following Reported | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership t (Instr. 4) |
| | | | | Co | de V | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | Transaction (Instr. 4) | n(s) | |
| Employee Stock Option (Right to Buy) | \$2.12 | 03/10/2020 | | A | | 23,900 | | (1) | 03/10 | /2030 | Common Stock | 23,900 | \$0.00 | 23,900 | D | |
| Employee Stock Option (Right to Buy) | \$2.12 | 03/10/2020 | | A | | 116,100 | | (2) | 03/10. | /2030 | Common Stock | 116,100 | \$0.00 | 116,100 | D | |

Explanation of Responses:

- 1. Represents a bonus for 2019 performance granted under the Company's 2014 Omnibus Stock Ownership Plan. This option vests in equal monthly installments over a four year period commencing on April 10, 2020 subject to the continued service by the Reporting Person to the Issuer as of the applicable vesting date.
- 2. This option vests in equal monthly installments over a four year period commencing on April 10, 2020 subject to the continued service by the Reporting Person to the Issuer as of the applicable vesting date.

Remarks:

/s/ Anthony Kim, Attorney-in-**Fact**

** Signature of Reporting Person Date

03/12/2020

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.